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CONFIRMATION NO. 5958

SERIAL NUMBER 10/711,959	FILING OR 371(c) DATE 10/15/2004 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. BUR920040201US1
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** CONTINUING DATA *****

None (P)

** FOREIGN APPLICATIONS *****

None (P)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

45093

TITLE

INTEGRATED CIRCUIT SELECTIVE SCALING

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